

Exhibit 56

DECLARATION OF JANICE CHISHOLM, DrPH, MPH, MA

JANICE CHISHOLM, DrPH, MPH, MA, pursuant to 28 U.S.C. § 1746, declares under penalty of perjury that the following is true and correct:

1. I am the Assistant Commissioner for the Bureau of Community Awareness, Action, Response, and Engagement (“BCAARE”) at the New York City Department of Health and Mental Hygiene (“DOHMH”) and have served in this role since November 2023. DOHMH is a department of the City of New York (“NYC”) and is the oldest and largest public health department in the country, with more than two centuries of expertise. DOHMH is responsible for protecting and promoting the health and wellbeing of everyone who lives in, works in, or visits New York City. Prior to November 2023, I served as the Acting Assistant Commissioner for BCAARE from June 2021 through November 2023 and have worked for DOHMH in various other roles since 2002.

2. In my current role as Assistant Commissioner of BCAARE, I lead all policy development, local services planning, strategic direction, programmatic oversight, research and evaluation, staff leadership, data and surveillance, program and field operations, crisis prevention and intervention action, community engagement and training, consumer affairs, and fiscal/contracting/procurements for BCAARE to support community action, learn from community members’ experiences and expectations, develop and disseminate behavioral health linkages and resources for wellness, and prepare for and respond to local and widespread events and emergencies.

3. I make this Declaration in my capacity as Assistant Commissioner for BCAARE, based on my personal knowledge and observations, conversations with my staff and other officials of NYC, and DOHMH’s documents and records, and I am familiar with the

matters set forth herein. I respectfully submit this Declaration in support of the States' motion for preliminary injunctive relief in the above-captioned case.

4. In furtherance of its mission to protect and promote the public's health, DOHMH operates a program called Partnerships for Early Diversion of Youth ("PEDY"). PEDY is funded by a \$1.645 million grant received directly by DOHMH from the Substance Abuse and Mental Health Services Administration ("SAMHSA"), which is a branch of the United States Department of Health and Human Services ("HHS"). DOHMH was awarded a SAMHSA PEDY grant in 2022 for a five-year period beginning in 2023 and running through 2028. Staff at the DOHMH regularly meet with, and report to, SAMHSA about the PEDY program and its performance and progress.

5. Under the PEDY program, DOHMH collaborates with multiple partners—youth-serving community based organizations ("CBO"s), a clinical mental health provider, and a coordinating diversion partner—with a goal of diverting youth aged 13-21 years from the juvenile justice system to community-based mental health, substance use disorder, and other critical support services.

6. Studies indicate that a substantial number of youths in detention or correctional settings have diagnosable mental health problems. PEDY is designed to engage with youths prior to potential arrests, and also to reduce recidivism for those who have already had interactions with the juvenile legal system.

7. The PEDY program is focused on the neighborhoods in Central Brooklyn hardest hit by the COVID-19 pandemic. Youth in these neighborhoods have been identified as being at higher risk of involvement with the criminal legal system, and as encountering significant barriers to accessing mental health services and social supports.

8. Through PEDY, DOHMH educates its youth-serving CBO partners on how to identify youth who are at risk and may benefit from a diversion program. This instruction helps the CBOs during their frontline interaction with youth, to undertake assessments and identify those who are facing health risks due to economic and social conditions, showing symptoms of a mental illness or co-occurring disorder, and/or who are at risk for criminal legal involvement or experiencing a behavioral health crisis. Those youth are then referred by the CBOs to a designated mental health provider partner and diversion partner. The PEDY program fully covers the cost of any services provided.

9. As part of the PEDY program, DOHMH currently partners with CBOs RiseBoro Community Partnership and Christopher Rose Community Empowerment Campaign, well-established youth-serving organizations. PEDY provides resources to these organizations, for example, for mental health screening and low-level counseling. Bridging Access to Care serves as the PEDY mental health provider partner and provides client-specific consultations and referrals and linkage to clinical care, among other services. Center for Community Alternatives, the PEDY diversion partner, coordinates community-based solutions and youth services, and links youths to behavioral health services.

10. In the time since the PEDY program's initiation in 2023, DOHMH's partners have engaged with numerous youths, screening more than 120 and linking many with program-funded mental health services. Participation in the program continues to grow, and we aim to engage with 225 youths and connect them to appropriate services.

11. I understand that HHS has issued a new interpretation of "federal public benefit" as used in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("PRWORA") that impacts mental health and substance use disorder treatment, prevention,

and recovery support services programs administered by SAMHSA, such as PEDY. This interpretation restricts eligibility for services provided using SAMHSA funding based on immigration status.

12. Neither DOHMH nor any of our community-based partners asks youths receiving services through the PEDY program about their immigration status before offering those services, and there are no systems in place to undertake such verifications. If the Department or its partners were required to do so, I strongly believe that many youths and their families would not be willing to engage with PEDY partners and would be deprived of the crucial services the program provides. This would have a chilling effect on youth participation in the program, defeating its important mission. It would also exacerbate the fears of engaging with government that our partnerships with trusted youth-serving CBOs was intended to counteract.

13. Further, some of the youths in the program—including youths who are citizens or permanent residents—may not in fact have government-issued identification. Thus, even those who might be willing to continue with the program may not be able to provide the proof of their immigration status that would satisfy HHS and would become ineligible for services. As a result, the at-risk young people PEDY is designed to serve would have decreased access to mental health services and would be at greater risk of interaction with the criminal legal system and of mental health crises, intensifying personal and community risks for poor health and social outcomes.

Dated: July 20, 2025
New York, New York



JANICE CHISHOLM, DrPH, MPH, MA